

Fill in all the fields below completely.

(Rev. 01/19)

**Customer Information**

Name \_\_\_\_\_ MDU Account No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Installation Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
(If Different)

Home phone ( ) \_\_\_\_\_ Daytime phone ( ) \_\_\_\_\_

Rental Property:  Yes  No If rental, name of owner \_\_\_\_\_

Number of people in household \_\_\_\_\_ Owner's address \_\_\_\_\_

Dwelling Type:  Single Family  Duplex  Townhouse/Condo  Other

Size of Home (Sq. Ft) \_\_\_\_\_ Year the dwelling was built \_\_\_\_\_

**Contractor Information**

Contractor Name \_\_\_\_\_ Contractor Phone \_\_\_\_\_

Contractor Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Assessment Rebate Information – Attach a copy of the audit report and contractor invoice**

Energy Assessments are available to Montana-Dakota's residential natural gas customers.

I wish to have an energy assessment performed on my home. I understand that Montana-Dakota Utilities Co. (Montana-Dakota) has a limited number of assessments available in my community and assessments are granted on a first come first served basis. The assessment will be performed by a state certified auditor contracted by Montana-Dakota. Upon receipt of the application it will be determined if there are assessments available in your community. You will be notified whether or not an assessment will be performed on your home. If you are selected to have an assessment performed, the contractor will contact you to schedule the assessment. By signing below, I give Montana-Dakota permission to provide one year of natural gas and/or electric usage information to the contractor.

**I would like an Energy Assessment performed on my home. I understand that Montana-Dakota will bill me \$50.00 for the Energy Assessment after completion of the assessment.**

Customer Signature: \_\_\_\_\_ Date \_\_\_\_\_

Send Completed Application to:

**Montana-Dakota Utilities Co.  
Attn: Marketing  
400 North 4<sup>th</sup> Street  
Bismarck, ND 58501**

**For Montana-Dakota Internal Use Only**

Date Audit Form Received \_\_\_\_\_ Cost of Audit: \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_ Acct Dist. 73102.5731.29080.216837